UNITED STATES DISTRICT COURT Northern District of California 450 Golden Gate Avenue San Francisco, California 94102

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Richard W. Wieking Clerk

General Court Number 415.522.2000

August 4, 2008

Clerk U.S. Court of Appeals For the Ninth Circuit P.O. Box 193939 San Francisco, CA 94119-3939

CASE NUMBER: CV 07-01140 MHP

CASE TITLE: <u>Dougherty-v-AMCO Insurance Company</u>

USCA Case Number:

Dear Sir/Madam:

Enclosed is the **Notice of Appeal** in the above captioned case. Please acknowledge receipt on the enclosed copy of this letter and return it to this office.

Sincerely,

RICHARD W. WIEKING, Clerk

cc: Counsel of Record

UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT NOTICE OF APPEAL NOTIFICATION FORM

Please Fill Out Completely

August 4, 2008

CASE INFORMATION:		•
Short Case Title: <u>Dougherty-v- AMCO Insurance Company</u>		
Court of Appeals No. (leave blank if a unassigned		
U.S. District Court, Division & Judge Name: San Francisco division ~ Judge Marilyn H. Patel		
Criminal and/or Civil Case No.: CV 07-01140 MHP		
Date Complaint/Indictment/Petition Filed: 2/26/07		
Date Appealed order/judgment	entered <u>6/23/08</u>	
Date NOA <i>filed</i> <u>7/22/08</u>		
Date(s) of Indictment	Plea Hearing	Sentencing
COA Status (check one):	granted in full (attach order)	denied in full (gond record)
COA Status (check one).	granted in part (attach order)	☐ denied in full (send record)☐ pending
	gramed in part (attach order)	<u>a</u> pending
Court Reporter(s) Name & Phone Number: <u>Jim Yeomans (415) 863-5179</u>		
Magistrate Judge's Order? If so, please attach.		
FEE INFORMATION		
Date Docket Fee Paid: 7/22/08		
Date FP granted:	Date FP denied:	
Is FP pending? □ yes □ no Was FP limited □? Revoked □?		
US Government Appeal? □ yes □ no		
Companion Cases? Please list		
Please attach copy of any order granting, denying or revoking FP.		
COUNSEL INFORMATION (Please include email address)		
Appellate Counsel:	Appellee Counsel	<u>:</u>
see docket sheet	see docket sheet	
□ retained □ CJA □ FPD □ Pro Se □ Other Please attach appointment order.		
DEFENDANT INFORMATION		
Prisoner ID:	Address:	
Custody:		
Bail:		
AMENDED NOTIFICATION INFORMATION		
Date Fees Paid: 9th Circuit Docket Number:		
Name & Phone Number of Person Completing this Form: Sheila Rash		
(415) 522-2099		